

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	CH	62814	8/17/00
O.I.P.E. CLASSIFIER		10	8-322-00
FORMALITY REVIEW	W.M	869	09-27-00
RESPONSE FORMALITY REVIEW	A	6786	09/01/01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) .. Cancelled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	8/16/00
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	8/16/00
52	✓	✓	8/16/00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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